

Chua v. City of Los Angeles Class Administrator

CLASS ACTION CLAIM FORM

Name _____

Claim No. _____

Address _____

Date of Birth _____

City, State, Zip
Code _____

Phone # _____

SS or TIN# _____

I was 1) present on November 26, 2014 in or around 6th and Hope Streets in Los Angeles., 2) I was arrested by LAPD in connection with the protest over the failure to file criminal charges for the killing of Michael Brown in Ferguson Mo., and 3) I was arrested in connection with that protest and held in custody before I was released. *Your representations may be checked and are under penalty of perjury.*

**This Claim Form must be postmarked or received by the Administrator NO LATER THAN
, 2019.**

DO NOT DELAY. Mail it right away to _____.

Any information that you provide in this Claim Form is private and will be held in strictest confidence, except as needed by the Parties and for purposes of class administration. It will not be provided to any Government Agency, and will be used solely for purposes of this settlement. If you have any questions about this lawsuit, write to us at *Chua v. City of Los Angeles* Class Administrator, _____, _____ or contact us by e-mail at _____ or visit our web site at _____.

YES, I QUALIFY AND WISH TO MAKE A CLAIM.

By signing this form below, I am confirming that the above information is correct and that:

1. I am the person identified above and I am over the age of 18, or, if I am a juvenile, my parent or guardian has signed below.
2. I will abide by, and be limited to, the formula for damages approved by the Court.
3. I will keep the Class Administrator informed of my whereabouts at all times.

I declare under penalty of perjury that the information given above is true and correct.

Date: _____ Signature: _____
(mm/dd/yyyy)

If you are signing as a Parent or Guardian, please print your first and last names on the lines below and include verification of your guardianship status if you are a guardian:

Print Parent/Guardian First Name: _____ Last Name: _____